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Received & Inspected

OCT 24 2013

FCC Mail Room

October 11, 2013

Office of the Secretary
Federal Communications Commission
9300 East Hampton Drive
Capitol Heights, MD 20743

RE: *In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket No. 10-90, GN Docket No. 09-51, WC Docket No. 07-135, WC Docket No. 05-337, CC Docket No. 01-92, CC Docket No. 96-45, WC Docket No. 03-109, WT Docket No. 10-208, Order, 27 FCC Rcd 605 (2012).*

With this letter we file **Skylink LC (SAC 359113)** FCC Form 481, which is due to the Commission on or before October 15, 2013.

This filing has already been submitted with USAC and an electronic filing has been made with the relevant state regulatory agency.

Please call me at 515-223-0159 if you have any questions concerning this filing.

KIESLING ASSOCIATES LLP

Robert I. Umsted, CPA
Regulatory Consultant/Senior Manager

Enclosures

cc: Don Miller, Skylink LC

No. of Copies rec'd 0
List ABCDE

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB 3040-0044 OMB 3040-0019 Avg. Burden Estimate per Respondent: 20 Minutes
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<010> Study Area Code	359113	
<015> Study Area Name	Skylink LC	Received & Inspected
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Don Miller	OCT 24 2013
<035> Contact Telephone Number: Number of the person identified in data line <030>	515-295-3584	FCC Mail Room
<039> Contact Email: Email of the person identified in data line <030>	sakridge@ncn.net	

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)	X	
<200> Outage Reporting (voice)	(complete attached worksheet)		X	X
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	\$0		X	
<310> Detail on Attempts (voice)		(attach descriptive document)	X	
<320> Unfulfilled Service Requests (broadband)				
<330> Detail on Attempts (broadband)		(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)			X	X
<410> Fixed	0			
<420> Mobile	0			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		X	X
<510>	(attach descriptive document)		X	X
<600> Functionality in Emergency Situations	(check to indicate certification)		X	X
<610>	(attach descriptive document)		X	X
<700> Company Price Offerings (voice)	(complete attached worksheet)			
<710> Company Price Offerings (broadband)	(complete attached worksheet)			
<800> Operating Companies and Affiliates	(complete attached worksheet)		X	X
<900> Tribal Land Offerings (Y/N)? No	(if yes, complete attached worksheet)		X	
<1000> Voice Services Rate Comparability	(check to indicate certification)			
<1010>	(attach descriptive document)			
<1100> Terrestrial Backhaul (Y/N)? Yes	(if not, check to indicate certification)			
<1110>	(complete attached worksheet)			
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)			X

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) No
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

 Name of Attached Document (.pdf)

- | | | |
|-------|---|--------------------------|
| <113> | Maps detailing progress towards meeting plan targets | <input type="checkbox"/> |
| <114> | Report how much universal service (USF) support was received | <input type="checkbox"/> |
| <115> | How (USF) was used to improve service quality | <input type="checkbox"/> |
| <116> | How (USF) was used to improve service coverage | <input type="checkbox"/> |
| <117> | How (USF) was used to improve service capacity | <input type="checkbox"/> |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | <input type="checkbox"/> |

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<220>

[illegible]

(800) Operating Companies and Affiliates Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<810>	Reporting Carrier	Skylink LC
<811>	Holding Company	Skylink LC
<812>	Operating Company	Skylink LC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | Select
(Yes, No,
NA) |
|--|----------------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> Feasibility and sustainability planning; | |
| <923> Marketing services in a culturally sensitive manner; | |
| <924> Compliance with Rights of way processes | |
| <925> Compliance with Land Use permitting requirements | |
| <926> Compliance with Facilities Siting rules | |
| <927> Compliance with Environmental Review processes | |
| <928> Compliance with Cultural Preservation review processes | |
| <929> Compliance with Tribal Business and Licensing requirements. | |

Select (Yes, No, NA)

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

Please check this box to confirm no terrestrial backhaul
 <1120> options exist within the supported area pursuant to § 54.313(G)
 ☐

Please check this box to confirm the reporting carrier offers
 <1130> broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)
 ☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986
Data Collection Form		OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP http://www.iwireless.com/customer_support-lifeline.asp

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2005) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

GMSB Control No. 3050-0866

GMSB Control No. 3050-0819

July 2013

<010>	Study Area Code	359113
<015>	Study Area Name	Skylink LC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Don Miller
<035>	Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039>	Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3011)	Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		(Yes/No)
(3014)	If yes, does your company file the RUS annual report		(Yes/No)
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
(3018)	If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="checkbox"/>

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0813 July 2013
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<010> Study Area Code	359113
<015> Study Area Name	Skylink LC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Don Miller
<035> Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039> Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</p>	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form: 10/15/2013
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>	

Certification - Agent / Carrier Data Collection Form	FCC Form 483 OMB Control No. 3050-0986 OMB Control No. 3050-0819 July 2013
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<010> Study Area Code	359113
<015> Study Area Name	Skylink LC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Don Miller
<035> Contact Telephone Number - Number of person identified in data line <030>	515-295-3584
<039> Contact Email Address - Email Address of person identified in data line <030>	sakridge@ncn.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates LLP</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: <u>Kiesling Associates LLP</u>	
Name of Reporting Carrier: <u>Skylink LC</u>	
Signature of Authorized Officer: <u>/s/ Donald D Miller</u>	Date: <u>10/03/2013</u>
Printed name of Authorized Officer: <u>Donald D Miller</u>	
Title or position of Authorized Officer: <u>Vice President</u>	
Telephone number of Authorized Officer: <u>712-776-2222</u>	
Study Area Code of Reporting Carrier: <u>359113</u>	Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: <u>Skylink LC</u>	
Name of Authorized Agent or Employee of Agent: <u>Kiesling Associates LLP</u>	
Signature of Authorized Agent or Employee of Agent: <u>/s/ Kiesling Associates LLP</u>	Date: <u>10/3/2013</u>
Printed name of Authorized Agent or Employee of Agent: <u>Kiesling Associates LLP</u>	
Title or position of Authorized Agent or Employee of Agent: <u>Regulatory Consultant</u>	
Telephone number of Authorized Agent or Employee of Agent: <u>515-223-0159</u>	
Study Area Code of Reporting Carrier: <u>359113</u>	Filing Due Date for this form: <u>10/15/2013</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Skylink LC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Skylink LC certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Low-income telephone assistance is available to qualifying low-income Iowans through the “Lifeline” federal telephone assistance program.

Iowans who participate in at least one of the following programs are eligible for telephone assistance: Medicaid, Food Stamps, Supplemental Security Income (SSI), Federal Housing Assistance, Low-Income Home Energy Assistance Program (LIHEAP), Temporary Assistance to Needy Families Program (TANF), National School Lunch Program (NSL).

Iowans who do not participate in one of the above programs are eligible if their income is at or below 135% of the Federal Poverty Guidelines. To apply applicants should call 1.515.258.7813 and request an application. An application is also available at the Iowa Utilities Board website at:

http://www.state.ia.us/government/com/util/consumer_information/lifeline.html

Eligible subscribers may only receive low-income assistance from one wireline or wireless telephone plan in the state of Iowa, iWireless offers lifeline eligible post-pay and pay in advance unlimited 30 day calling plans for \$39 plus fees and taxes. All lifeline rate programs include the following services:

- Voice grade access to the public switched network
- Free local usage
- Single party service
- Dual tone multi-frequency signaling
- Access to emergency services
- Access to operator services
- Access to inter-exchange service
- Toll limitation

http://www.iwireless.com/customer_support-lifeline.asp